

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKDeval MowattRECEIVED  
SDNY PRO SE OFFICE

2016 FEB 25 AM 8:35

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

city of New YorkC.O. JohnsonDeputy MatthewsCaptain HarrisAMENDED  
COMPLAINTunder the Civil Rights Act,  
42 U.S.C. § 1983Jury Trial: ☒ Yes ☐ No  
(check one)

15 Civ. 10104 (TAP)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 2/25/16

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name Deval Mowatt  
ID# 10A6012  
Current Institution Clinton Correctional Facility  
Address 1156 rt 374 PO Box 2001  
Danemord NY 12929

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Captain Harris Shield #  
Where Currently Employed A.M.K.C  
Address 18-18 Hazen st  
3-11 tour

Defendant No. 2 Name C.O Johnson Shield # \_\_\_\_\_  
 Where Currently Employed A.M.K.C  
 Address 18-18 hazen st  
7-3 four

Defendant No. 3 Name Deputy mathews Shield # \_\_\_\_\_  
 Where Currently Employed A.M.K.C  
 Address 18-18 hazen st  
3-11 four

Who did  
what?

Defendant No. 4 Name Captain Harris Shield # \_\_\_\_\_  
 Where Currently Employed A.M.K.C  
 Address 18-18 Hazen st

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

A.M.K.C C95

B. Where in the institution did the events giving rise to your claim(s) occur?

5 upper cell 16

C. What date and approximate time did the events giving rise to your claim(s) occur?

oct 19<sup>th</sup> 2015 approx 9pm

D. Facts: on oct 15 I WAS Placed in C95 housing area C95 cell 16  
when I went in cell I Realized it was corroated Polluted And ceiling  
was vulnerable of a collapse so I complained and was moved to 23 cell on  
oct 17 C.O Johnson told me I had to move back to cell 16 Because of

What  
happened  
to you?

security Reasons I had to be close to entrance so when the search team run in they have easy access to my cell so I was placed back in messed up cell as punishment when they were other open cells. I complained to C.O. Johnson captain Harris and deputy mathews Oct 12 and was neglected that my cell was on verge of collapse there fore I feel they should be held accountable for my injuries my request to change cells was denied by All 3 officers. On Oct 19 Approx 9pm I was sitting on toilet and ceiling caved in and collapsed on my head the C.O. came and saw debris on floor then I went to medical for injury report then came back and was placed back in same cell I asked for another cell and once again neglected that night the following morning my cell was changed C.O. Johnson Deputy mathews and captain Harris violated my 8th ammendment rights which is cruel and unusual Punishment for failing to remove me out the out of order cell. I Also called 311 and filed a complaint the # is C1-116 670 4321. I complained to C.O. Johnson deputy mathews and captain Harris Oct 17 on the 3-11 tour captain Harris informed. I informed C.O. Johnson 7-3 tour and Dept mathews 3-11 tour

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

From that day until now I suffer sever head and neck pains, dizziness, blurred vision, weakness at limbs And trauma. I was seen At A.M.I.C. medical 1000 pm and prescribed Tylenol and went back couple days later in downstate I given Ibutrofen

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

A.M.I.K.C C 95

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

A.M.I.K.C

1. Which claim(s) in this complaint did you grieve?

I grieved the fact that my request to change cell was ~~that~~ denied and that led to ceiling collapse

2. What was the result, if any?

I was transfered to State Prison before I got response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

I informed captain Harris Deputy Mathews and  
Coo Johnson I told them all to place me  
another cell but was denied

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am seeking compensatory damages  
in amount of 5,000,000 (5 million dollars) due to neglect and  
placed in hazardous cell that led to ceiling collapse causing  
injury to my head and neck in housing area 5 upper cell 16

On  
these  
claims

**VI. Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_  
Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes \_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_  
Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of Feb, 2016

Signature of Plaintiff

Deval Mowatt

Inmate Number

10A6012

Institution Address

Clinton Correctional Facility  
1156 rt 374  
P.O BOX 2001  
Danmemora NY 12929

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 19 day of Feb, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Deval Mowatt

DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
CLINTON CORRECTIONAL FACILITY  
P.O. BOX 2001  
DANNEMORA, NEW YORK 12929

NAME: Deval Mowatt

DIN: 10A6012

RECEIVED  
SDNY PRO SE OFFICE  
2016 FEB 25 AM 8:35



Clerk

United States District Court  
Southern District of New York  
U.S. Courthouse 500 Pearl St Room 230  
New York NY 10007  
10007\$1300 0014

NEW YORK STATE

Clinton



Correctional Facility

NEOPOST

02/22/2016

US POSTAGE \$000.00



ZIP 12929  
041M11272305

